

Family Planning Program
Class D Pharmacy License Exemption Request

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name The Heidi Group				
Clinic Name (Clinic Requesting Waiver) Tenison Women's Health Center				
Clinic Address (Clinic Requesting Waiver - Physical Address) 617 W Moore Ave	City Terrell	County Kaufman	State TX	ZIP 76160
Contact Name Toni Moman	Contact Telephone Number 512-255-2088	Contact Email Address toni@heidigroup.org		

PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

a) Pharmacy location will be selected for proximity to the clinic site. Walmart 1900 W. Moore Ave Terrell, TX 75160

b) The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.

c) The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.

d) This method of payment is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

PART IV – MEMORANDUM OF UNDERSTANDING (MoU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Carol Everett

Digitally signed by Carol Everett
Date: 2016.12.13 14:56:52 -06'00'

12/13/2016

Date

Class D Pharmacy Exemption Granted: Yes No

Signature

Date



Family Planning Program

Pharmacy and Medication Policy

The Heidi Group/Tenison Women's Health Center Terrell, will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.

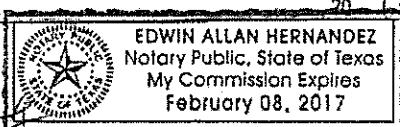




TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 Austin, Texas 78701
512-305-8000 * www.pharmacy.texas.gov

Clinic Pharmacy (Class D) License Application

Pharmacy Name & Location Address (Street, City, ZIP)		FOR TSBP USE ONLY			
<p>Tenison Women's Health Ctr. 617 W Moore Ave Ste B Terrell, TX 75160</p>		License No.	Amount	Receipt No.	Applicant No.
		<input type="checkbox"/> Check here if for a NEW PHARMACY <input type="checkbox"/> Check here if a CHANGE OF OWNERSHIP . If change of ownership, indicate previous name, address and license number of pharmacy: _____ _____ _____			
Pharmacy Telephone Number: 912 563-8100					
Pharmacy Fax Number: 912 563-2684					
Web Address:					
Email Address:					
Type of Ownership (check one)		Application Fee Payable to Texas State Board of Pharmacy			
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (specify) _____		Pharmacy License \$454 # of Pharmacy Balances/Scales <input checked="" type="checkbox"/> x \$25.00 \$ TOTAL DUE \$			
Type of Pharmacy (check one)		Description of Services – Check All That Apply			
<input type="checkbox"/> Public Health <input type="checkbox"/> Other (specify) Family Planning		<input type="checkbox"/> Alternative Visitation Schedule <input type="checkbox"/> Other (specify below): <input type="checkbox"/> Expanded Formulary <input type="checkbox"/> Home Delivery			
Pharmacist-in-Charge MARISIA E. QUINONES (Print or type)		Anticipated Date of Opening and Hours of Operation: 7/1/2016 - 9-5 M-F			
By my signature, I acknowledge I am the pharmacist-in-charge of this pharmacy and attest that I have read and understand the laws and rules relating to this class of pharmacy. THIS SIGNATURE MUST BE NOTARIZED		Staff Pharmacist(s) License # _____ _____			
 Signature of Pharmacist-in-Charge 6/24/16 Date		Registered Technician(s) Registration # _____ _____			
Subscribed and sworn to before me this day of <u>June</u> <u>2016</u>					
 EDWIN ALLAN HERNANDEZ Notary Public, State of Texas My Commission Expires February 08, 2017 Notary Public <u>Ad</u> <u>2</u>					

NOTICE: A Class D pharmacy license shall not be issued to a physician's office.

Texas State Board of Pharmacy Rules define Clinic Pharmacy (Class D) as a facility/location other than a physician's office, where limited types of dangerous drugs or devices restricted to those listed in and approved for the clinic's formulary are stored, administered, provided, or dispensed to outpatients. (e.g. planned parenthood, public health).

Read [Rule 291.93](#).

Class D Clinic Pharmacy	
(a) Name and Texas License Number of Medical Director: <i>Bernard Adami, MD D9338</i>	
(b) Attach a copy of the Pharmacy's Policy and Procedure Manual, which must include the clinic drug formulary if requesting permission to maintain an expanded formulary or an alternative visitation schedule, see Board Rule 291.93.	
PRIMARY OWNER OR ONE OF THE MANAGING OFFICERS MUST ANSWER THE FOLLOWING QUESTIONS:	
1. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been the subject of any professional disciplinary action or are any such actions pending against this entity by a regulatory authority? (Examples: surrender, revocation, reinstatement, suspension, fine, probation, restriction). Include such information for <u>all</u> states, including Texas, and for all regulated professions. <i>*If you answered "yes" to Question #1, include the name of the Board, licensing or disciplinary authority and the date of the Order, and, if applicable, the date of the termination of the condition and/or probation.</i>	
2. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been subject to court ordered probation as related to any offense? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
3. Are the customer service areas of the Pharmacy accessible to disabled persons, as defined by federal law? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
4. Does the pharmacy provide translating services for customers, including translating services for a person with impairment of hearing? If yes, what type of translating services does the pharmacy provide? (check all that apply): <input checked="" type="checkbox"/> 1 Spanish <input type="checkbox"/> 3 Telecommunication Device for the Deaf (TDD) <input type="checkbox"/> 5 AT&T Translating Service <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 2 Vietnamese <input type="checkbox"/> 4 American Sign Language <input type="checkbox"/> 6 Other	
5. Does this pharmacy participate in the Texas Medicaid program? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
6. Does this pharmacy participate in the Texas State Kids Insurance Program (SKIP)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ATTEST: I hereby attest that the foregoing statements, on this form or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act and Rules.	
THIS SIGNATURE MUST BE NOTARIZED:	
Signature of Owner / Managing Officer	Date
Owner / Managing Officer's Name (Type or Print)	Subscribed and sworn to before me this _____ day of _____, 20_____ Notary Public

Family Planning Program
Class D Pharmacy License Exemption Request

PART I – AGENCY/CLINIC INFORMATION

Agency Name The Heidi Group				
Clinic Name (Clinic Requesting Waiver) Treat Now Family Clinic				
Clinic Address (Clinic Requesting Waiver - Physical Address) 2916 Kraft St. Suite 60	City Arlington	County Tarrant	State TX	ZIP 76010
Contact Name Toni Moman	Contact Telephone Number 512-255-2088	Contact Email Address toni@heidigroup.org		

PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site.
- b) The Pharmacy will bill the Clinic provider. The provider will pay the pharmacy invoice and then submit for reimbursement from the Family Planning Program.
- c) Agreement with the pharmacy to provide 12-month prescription for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.

PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

PART IV – MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Carol Everett

Signature

Digitally signed by Carol Everett
Date: 2016.12.13 14:56:52 -06'00'

12/13/2016

Date

Class D Pharmacy Exemption Granted: Yes No

Signature

Date

MEMO OF UNDERSTANDING

A class pharmacy (Name of Pharmacy) has an agreement with Treat Now Family Clinic (Doctor or Clinic) to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Treat Now Family Clinic (Doctor or Clinic) will be billed for the prescriptions and in turn will seek reimbursement from the State of Texas through the Family Planning Program.

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring);
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

Bilalat Eyang 12/15/16 Office Operations Manager
Pharmacy Representative Title

12/15/16
Date A-Class Pharmacy LLC
Pharmacy Address: 4907 S. Collins St, Ste 141
Arlington, TX 76018

Catherine Olson
Physician or Clinic Representative

12/15/16
Date

Heidi
Heidi Group



Family Planning Program

Pharmacy and Medication Policy

The Heidi Group/Treat Now Family Clinic Arlington will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



Family Planning Program
Class D Pharmacy License Exemption Request



PART I – AGENCY/CLINIC INFORMATION

Agency Name The Heidi Group				
Clinic Name (Clinic Requesting Waiver) Treat Now Family Clinic				
Clinic Address (Clinic Requesting Waiver - Physical Address) 108 A Southwest 6th Ave.	City Mineral Wells	County Palo Pinto	State TX	ZIP 76067
Contact Name Toni Moman	Contact Telephone Number 512-255-2088	Contact Email Address toni@heidigroup.org		

PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site. Walmart 601 N FM 1821 Mineral Wells, TX 76067
- b) The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.
- c) The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.
- d) This method of payment is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

PART IV – MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Carol Everett

Digitally signed by Carol Everett
Date: 2016.12.13 14:56:52 -06'00'

12/13/2016

Date

Class D Pharmacy Exemption Granted: Yes No

Signature

Date



Family Planning Program

Pharmacy and Medication Policy

The Heidi Group/Treat Now Family Clinic Mineral Wells will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.





TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 28868

TYLER FAMILY CIRCLE OF CARE

License Information

License Status Active
License # 28868
Expiration Date 11/30/2017
Date License Issued 11/06/2013

Address

PRIMARY CARE & WMNS SVCS
 928 N GLENWOOD AVE
 TYLER, TX 75702
County SMITH
Phone (903) 535-9041

Pharmacy Details

Prior Disciplinary Orders* No
Class of Pharmacy Clinic
Type of Ownership Corporation
Type of Pharmacy Other
of Hospital beds

* Information relating to disciplinary orders is current as of (30 days prior to this date).

A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to disclosure.

Employment Information

Pharmacist in Charge
 HOLLADAY, JANA KATHERINE

Pharmacy Profile *

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes
Participates in the Texas Kids Insurance Program (SKIP)?	Yes
Translating services (Listed Below If Available)	

Spanish
 Vietnamese
 Telecomm. for the deaf (TDD)
 American Sign Language

* Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans

Remedial plans (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

- No **Nuclear**
- No **Out-Patient Prescriptions**
- No **Ship Prescription Out of State**
- Yes **Class D (Expanded Formulary)**
- No **Class D (Alternative Visit Schedule)**
- No **Compounding Sterile-Risk Level Low**
- No **Compounding Sterile-Risk Level Med**
- No **Compounding Sterile-Risk Level High**
- No **Compounding Non-Sterile**
- No **24 Hour Service**
- No **Closed Door**
- No **Compounding, Office Use**
- No **Home Delivery**
- No **Infusion**
- No **Pharmacist Administered Immunizations**
- No **Veterinary Prescriptions**

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
HOLLADAY, JANA KATHERINE	36355	08/02/1996	12/31/2017	PIC	Active
RIES, ANDREA JEAN	29953	07/22/1987	06/30/2017	Staff	Active

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
					No records to view

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
TYLER FAMILY CIRCLE OF CARE	OWNER	214 E. HOUSTON,	TYLER	TX	75702
LEROY BIGGERS	OFFICER	,			
LORETTA SWAN	OFFICER	,			
JOYCE ARMSTRONG-SCURRY	OFFICER	,			
MICHAEL ADAMS	OFFICER	,			

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.



Family Planning Program

Pharmacy and Medication Policy

The Heidi Group/Tyler Family Circle of Care will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



Clinic 21 of 22

Family Planning Program
Class D Pharmacy License Exemption Request



PART I – AGENCY/CLINIC INFORMATION

Agency Name The Heidi Group				
Clinic Name (Clinic Requesting Waiver) Valley Women's Care PLLC				
Clinic Address (Clinic Requesting Waiver - Physical Address) 1900 S Jackson Rd. Suite 4	City McAllen	County Hidalgo	State TX	ZIP 78503
Contact Name Toni Moman	Contact Telephone Number 512-255-2088	Contact Email Address toni@heidigroup.org		

PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

a) Pharmacy location will be selected for proximity to the clinic site. Walmart 1200 E Jackson Ave McAllen, TX 78503
b) The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.
c) The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.
d) This method of payment is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.
--

PART IV – MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Carol Everett

Signature

Digitally signed by Carol Everett
Date: 2016.12.13 14:56:52 -06'00'

12/13/2016

Date

Class D Pharmacy Exemption Granted: Yes No

Date

Signature

Revised 9/30/16

EF05-14426



Family Planning Program

Pharmacy and Medication Policy

The Heidi Group/Valley Women's Care PLLC will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



Family Planning Program
Class D Pharmacy License Exemption Request



PART I – AGENCY/CLINIC INFORMATION

Agency Name The Heidi Group				
Clinic Name (Clinic Requesting Waiver) Webster Family Care				
Clinic Address (Clinic Requesting Waiver - Physical Address) 200 Medical Center Blvd. #102	City Webster	County Harris	State TX	ZIP 77598
Contact Name Toni Moman	Contact Telephone Number 512-255-2088		Contact Email Address toni@heidigroup.org	

PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site. Walmart 150 W. El Dorado Blvd Friendswood, Tx 77546
- b) The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.
- c) The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.
- d) This method of payment is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

PART IV – MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Carol Everett

Digitally signed by Carol Everett
Date: 2016.12.13 14:56:52 -06'00'

12/13/2016

Date

Class D Pharmacy Exemption Granted: Yes No

Signature

Date



Family Planning Program

Pharmacy and Medication Policy

The Heidi Group/Webster Family Care will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.

